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11/13/01

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(h))</i>	Attorney Docket No.	00800.0051.CNUS01
	First Named Inventor or Application Identifier	Emil KAKKIS
	Title	Methods for Treating Diseases Caused By Deficiencies Of Recombinant α-L-Iduronidase
	Express Mail Label No.	El615209936US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i>
2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> [Total Pages <u>52</u>]	7. Nucleotide and/or Amino Acid Sequence Statement <i>(if applicable, all necessary)</i>
- Descriptive title of the Invention	a. <input checked="" type="checkbox"/> Computer Readable Copy
- Cross References to Related Applications	b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R&D	c. <input checked="" type="checkbox"/> Statement verifying identity of above copies
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claims	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Sheets <u>20</u>]	
4. Oath or Declaration [Total Pages <u>3</u>]	
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i> | |
| 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | |
| 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | |
| 12. <input type="checkbox"/> Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(should be specifically itemized)</i> | |
| 14. <input type="checkbox"/> *Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| 16. <input type="checkbox"/> Other: | |

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information:	
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: 09/711,205, filed November 9, 2000
Prior Application Information: Examiner: Group/Art Unit: 1633	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label 27194 <i>(Insert Customer No. or Attach bar code label here)</i>	or <input type="checkbox"/> Correspondence address below	
NAME: Albert P. Halluin HOWREY SIMON ARNOLD & WHITE, LLP		
ADDRESS: 301 Ravenswood Avenue Box 34		
CITY: Menlo Park	STATE: CA	ZIP CODE: 94025
COUNTRY: US	TELEPHONE: 650-463-8109	FAX: 650-463-8400
Name (Print/Type): Albert P. Halluin, Luisa Bigornia	Registration No. (Attorney/Agent): 25,227, 45,974	Date: November 13, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL
for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$424.00)

Complete if Known

Application Number	Not Yet Filed
Filing Date	Herewith
First Named Inventor	Emil Kakkis
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	00801.0051.CNUS01

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Acct. No.

08-3038

Deposit
Account
Name

Howrey Simon Arnold & White, LLP

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
- ☒ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money ☐ Other
Order

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	370
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$370.00)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
26	20** = 6	9	54.00
Independent Claims			
2	3** = 0	0	0
Multiple Dependent			
		0	0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	44	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$54.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**

Name (Print/Type) Albert P. Halluin, Luisa Bigornia

Registration No. 25,227, 45,974
(Attorney/Agent)**Complete (if applicable)**

Telephone 650-463-8109

Signature

Date Nov. 13, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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